



**** Please paste a headshot onto this document or attach a headshot with the document.

JUNIOR DEVELOPMENT INFO FORM

Personal Information

Full Name: _____ Date of Birth (DD/MM/YYYY): _____

Health Card Number: _____ Height (cm): _____ Weight (lbs): _____

Hobbies/ Other Sports: _____

Events

Event 1: _____ PB: _____ PB: _____

Event 2: _____ PB: _____ PB: _____

Event 3: _____ PB: _____ PB: _____

Event 4: _____ PB: _____ PB: _____

Event 5: _____ PB: _____ PB: _____

Training Highlights and Concerns

Comments from Coaches: _____

Emergency Contacts

Name of Emergency Contact: _____

Phone Number: _____ Alternative Phone Number: _____

Relationship: _____

Name of Emergency Contact: _____

Phone Number: _____ Alternative Phone Number: _____

Relationship: _____

Notes

Allergies: _____

Past Injuries: _____

Reoccurring or Present Injuries: _____

Typical Meal/Snacks Before Practice: _____

Typical Meal/Snacks After Practice: _____

Athlete Input

Questions, Concerns, Comments from the Athletes: _____

*** Please attach or e-mail a headshot along with this form to katemaclatchie@gmail.com.